

**TOWN OF HIGHLAND**  
**RIGHT-OF-WAY CUT PERMIT**  
**PHONE 219-972-7595 FAX 219-972-5097**

TYPE: ☐ROAD ☐CURB ☐PARKWAY ☐SIDEWALK ☐ALLEY (Paved/unpaved)

(Please Check what ever applies)

Location of cut: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#(\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Type of Surety: \_\_\_\_\_ Amount of Surety \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Certificate of Insurance Submitted: Yes No (Circle One)

Reason for Permit: \_\_\_\_\_

I, \_\_\_\_\_, being the petitioner of the above-mentioned permit, agree to perform all construction in accordance to the Town of Highland's Building Codes and Regulations. I further agree to comply with all local, state and federal safety regulations pertaining to all proposed construction, as stated hereon. I also agree to guarantee the workmanship of any and all repairs to the above-mentioned cut for a period of one (1) calendar year from the acceptance date affixed to this permit, by the Town Council's liaison to the Public Works Department.

\_\_\_\_\_  
Please Sign

OFFICE USE ONLY

Fee: \$148.50

Date Paid: \_\_\_\_\_

Receipt # \_\_\_\_\_

Application approved by \_\_\_\_\_ Date \_\_\_\_\_  
Director of Public Works

Comments: \_\_\_\_\_

\_\_\_\_\_  
Town Council Liaison

Date \_\_\_\_\_

Construction Location: \_\_\_\_\_

Common Address: \_\_\_\_\_

Construction Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Right of Way Line Indicate which way is North

Sidewalk
_____
Parkway
_____
_____
Street Name
_____
_____
Parkway
_____
Sidewalk
_____

Right of Way line

Indicate distance from nearest street: \_\_\_\_\_